## **Letter of Certification Request**

\*\*A check or money order in the amount of \$10.00 must accompany all requests. If your license has been cancelled for longer than two years, an additional \$10.00 fee will need to accompany your request so that your file may be pulled from archives. If you have any questions regarding cancelled status, please contact the Commission\*\*

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Name:	First		 Middle	Last
Social Securit	y Number:			
Mailing addre	ess:			
City:			State:	Zip Code:
Phone ( )			_	
Business/Firm	<b>Information</b> (if	applicable):		
Firm Name:				
Address:				
				ode:
Phone: ( )		(	County:	
	ed certification to	Reciprocal I	icense - Whic	rtification ch State? pick it up #
My firm/bus	siness address abo		s to either you	r home or business address.*
	fice Use Only		Moil Comr	aloted Application to
File#Sales:	License# Exam:	Recin		oleted Application to: Real Estate Commission
	Exam:		Attn: Meli	issa Kime
Escrow:			Louisville, (502	n Station Road, Suite 201 Kentucky 40223 2) 429-7250
Cancelled:			FAX	X (502) 429-7246
Complaints: Y/N				